



Your Medicare Benefits

*Your Health Care
Coverage In The Original
Medicare Plan For...*

Part A (Hospital Insurance)

Part B (Medical Insurance)

Including Preventive Services

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HEALTH CARE FINANCING ADMINISTRATION
The Federal Medicare Agency

Table of Contents

Section 1: A Quick Look At Medicare	1-2
Section 2: The Medicare Program	
What is Medicare Part A?	3
How to Get Medicare Part A	3
Medicare Part A (Hospital Insurance) Covered Services Chart	4
What is Medicare Part B?	5
How to Get Medicare Part B	5-7
Medicare Part B (Medical Insurance) Covered Services Chart	8
Medicare Part B Preventive Services Chart	9-10
More Medicare information	11
What is not paid for by Medicare	11
Section 3: How To Get More Medicare Information	
For More Medicare Information	12
Free Booklets About Medicare and Related Topics	12-13
Section 4: Where To Call For Help	
Durable Medical Equipment Regional Carrier	14-15
Fiscal Intermediary	16-17
Medicare Carrier	18-20
Regional Home Health Intermediary	21-22
Section 5: Definitions Of Important Words	
Where words in red are defined	23-24
Section 6: Index	
An alphabetical list of topics in this booklet	25-26

Your Medicare Benefits explains your health care coverage under Part A and Part B. It is not a legal document. The official Medicare program provisions are contained in the relevant laws, regulations, and rulings.

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Section 1: A Quick Look At Medicare

Medicare is a health insurance program for:

- People age 65 or older.
- Some people with disabilities under age 65.
- People with End-Stage Renal Disease (ESRD permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has two parts:

Part A (Hospital Insurance) - Most people do not have to pay for Part A.

Part B (Medical Insurance) - Most people pay monthly for Part B.

Medicare offers the following Medicare health plans:

1. The Original Medicare Plan - This plan is available nationwide. You may go to any doctor, specialist, or hospital that accepts Medicare. You pay your share, and Medicare pays its share. Some things are not covered, like prescription drugs.
2. Medicare + Choice Plans, including:
 - **Medicare Managed Care Plans** - A Medicare managed care plan is a health plan available in some areas of the country. They are offered by private companies. They are sometimes called a Health Maintenance Organization (HMO). Medicare pays a set amount of money every month to the private company for your health care. You must continue to pay the monthly Medicare Part B **premium** (\$50.00 in 2001). You may also have to pay an additional monthly premium to the health plan. Many people with Medicare choose managed care as an option.
 - **Private Fee-for-Service Plans** - A Private Fee-for-Service plan is a Medicare health plan available in some areas of the country. They are offered by a private company. It is not the same as the Original Medicare Plan. In a Private Fee-for Service plan you must continue to pay the monthly Part B premium (\$50.00 in 2001). Medicare pays a set amount of money every month to the private company for your health care. The private company provides health care coverage to people with Medicare who join this plan. You pay, and the private company pays, a fee for each doctor visit or service you get.

**Words in red
are defined on
pages 23-24.**

Section 1: A Quick Look At Medicare

Private Fee-for-Service Plans (continued)

The private company, rather than the Medicare program, decides how much it pays, and how much you pay for the services you get. You can go to any doctor or hospital that accepts the terms of the plan's payment. You may be able to get extra benefits, like coverage for additional days in the hospital.

Some things are the same whether you get your Medicare health care coverage from the Original Medicare Plan or a Medicare + Choice Plan.

You must have Medicare Part A and Part B to enroll in a Medicare + Choice plan.

- You are still in the Medicare program. The Original Medicare Plan and Medicare + Choice Plans are all part of the Medicare program.
- You get at least all the Medicare Part A covered services listed on page 4.
- If you pay the monthly Part B premium (\$50.00 in 2001), you get all the Medicare Part B covered services listed on pages 8-11.
- The Medicare program helps you get quality health care.
- The Medicare program still pays for part of your health care.

For More Information:

To get more information about Medicare health plans and your rights and protections, look at www.medicare.gov. Select "Publications" and then select *Medicare & You* handbook. You can read or print a copy of this handbook from the Web. This is the fastest way to get a copy. Or, call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired). Ask for a FREE copy of the *Medicare & You* handbook. This handbook is mailed to you every fall.

This booklet explains your Medicare health care coverage in the Original Medicare Plan:

- ✓ Part A (Hospital Insurance)
- ✓ Part B (Medical Insurance) including Preventive Services

Section 2: The Medicare Program

What is Medicare Part A?

Part A (Hospital Insurance)

Helps Cover Your: Care in hospitals as an inpatient, critical access hospitals, skilled nursing facilities, hospice care, and some home health care. Your health needs must meet certain conditions, see page 4.

For more information on what Medicare Part A covers, see the Part A coverage chart on page 4.

How to Get Medicare Part A

Cost: Most people get Part A automatically when they turn age 65. They do not have to pay a monthly payment called a premium for Part A because they or a spouse paid Medicare taxes while they were working.

If you (or your spouse) did not pay Medicare taxes while you worked and you are age 65 or older, you still may be able to buy Part A. If you are not sure if you have Part A, look on your red, white, and blue Medicare card. If you have Part A, “Hospital (Part A)” is printed on the lower left corner of your card. You can also call the Social Security Administration toll-free at 1-800-772-1213, or call your local Social Security office for more information about buying Part A. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

Do you need a new Medicare card? Look at www.ssa.gov on the Web, or call the Social Security Administration toll-free at 1-800-772-1213.

For More Information:

Call your Fiscal Intermediary about Part A bills and services (see pages 16-17).

**Words in red
are defined on
pages 23-24.**

Section 2: The Medicare Program

Medicare Part A (Hospital Insurance) Helps Pay For:

Hospital Stays: Semiprivate room, meals, general nursing, and other hospital services and supplies (this includes care in critical access hospitals and inpatient mental health care). This does not include private duty nursing, a private room unless medically necessary, or a television or telephone in your room.

Skilled Nursing Facility (SNF) Care:

Semiprivate room, meals, skilled nursing and rehabilitative services, and other services and supplies (after a 3-day hospital stay). To get a booklet about SNF Care, see pages 12-13.

Home Health Care: Part-time skilled nursing care, physical therapy, occupational therapy, speech-language therapy, home health aide services, durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers) and medical supplies, and other services. To get a booklet about Home Health Care, see pages 12-13.

Hospice Care: Medical and support services, from a Medicare-approved hospice, for people with a terminal illness, drugs for symptom control and pain relief, and other services not otherwise covered by Medicare. Hospice care is given in your home. However, short-term hospital and inpatient respite care is covered when needed. To get a booklet about Hospice Care, see pages 12-13.

Blood: Pints of blood you get at a hospital or skilled nursing facility during a covered stay.

What YOU pay in 2001* in the Original Medicare Plan

For each benefit period YOU pay:

- A total of \$792 for a hospital stay of 1-60 days.
- \$198 per day for days 61-90 of a hospital stay.
- \$396 per day for days 91-150 of a hospital stay. (See **Lifetime Reserve Days** on page 23.)
- All costs for each day beyond 150 days.

For each benefit period YOU pay:

- Nothing for the first 20 days.
- Up to \$99 per day for days 21-100.
- All costs beyond the 100th day in the benefit period.

If you have questions about SNF care and conditions of coverage, call your **Fiscal Intermediary** (see pages 16-17).

YOU pay:

- Nothing for home health care services.
- 20% of the Medicare-approved amount for durable medical equipment.

If you have questions about home health care and conditions of coverage, call your **Regional Home Health Intermediary** (see pages 21-22).

YOU pay:

- A copayment of up to \$5 for outpatient prescription drugs and 5% of the Medicare-approved payment amount for inpatient respite care (short-term care given to a hospice patient by another care giver, so that the usual care giver can rest). The amount you pay for respite care can change each year.

If you have questions about hospice care and conditions of coverage, call your **Regional Home Health Intermediary** (see pages 21-22).

YOU pay:

- For the first 3 pints of blood, unless you or someone else donates blood to replace what you use.

* New Part A and B amounts will be available by January 1, 2002.

If you have general questions about Medicare Part A, call your **Fiscal Intermediary** (see pages 16-17).

Section 2: The Medicare Program

What is Medicare Part B?

Part B (Medical Insurance)

Helps Cover Your: Doctors' services, outpatient hospital care, and some other medical services that Part A does not cover, such as the services of physical and occupational therapists, and some home health services. Part B helps pay for these covered services and supplies when they are **medically necessary** (see pages 8-11).

Cost: You pay the Medicare Part B **premium** of \$50.00 per month in 2001. Rates can change every year. For some people, this amount may be higher if they did not choose Part B when they first became eligible at age 65. The cost of Part B will go up 10% for each 12-month period that you could have had Part B but did not sign up for it, except in special cases (see page 6). You will have to pay this extra amount as long as you have Part B.

For more information on what Medicare Part B covers, see the Part B coverage charts on pages 8-10.

How to Get Medicare Part B

You are automatically eligible to enroll for Part B if:

- You are eligible for **premium-free** Part A, or
- You are a United States citizen or permanent resident age 65 or older.

Enrolling in Part B is your choice. If you already get Social Security or Railroad Retirement benefits, you are automatically enrolled in Part B starting the first day of the month you turn 65. If you are under age 65 and disabled, you are automatically enrolled in Part B after you have received Social Security or Railroad Retirement benefits for 24 months. Your Medicare card will be mailed to you about three months before your 65th birthday. If you do not want Medicare Part B, follow the instructions that come with the card.

If you choose to enroll in Part B, the **premium** is usually taken out of your monthly Social Security, Railroad Retirement, or Civil Service Retirement payment. In these cases, you **won't** get a bill for your premium. If you do not get any of these payments, Medicare sends you a bill for your Part B premium every three months. If you do not get your bill by the 10th of the month, call the Social Security Administration at 1-800-772-1213 or your local Social Security office. If you get benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.

Section 2: The Medicare Program

How to Get Medicare Part B (continued)

If you are close to age 65 and not yet getting Social Security or Railroad Retirement benefits or Medicare, you can apply for both at the same time. You can sign up for Part B during your Initial Enrollment Period. Your Initial Enrollment Period begins three months before the month you turn 65 and ends three months after you turn age 65. If you wait until you are 65, or in the last three months of your Initial Enrollment Period, your Medicare Part B coverage start date will be delayed. To apply, you can call or visit your local Social Security office, or call Social Security at 1-800-772-1213. You may be able to apply at www.ssa.gov on the Web if you meet certain rules.

If you didn't sign up for Medicare Part B when you were first eligible (for example, because you were still working), you may sign up during the General Enrollment Period or the Special Enrollment Period.

1. General Enrollment Period

If you did not take Part B when you were first eligible for Medicare, you may sign up during a General Enrollment Period. This period runs from January 1 through March 31 of each year. Remember, the cost of Part B will go up 10% for each 12-month period that you could have had Part B but did not take it, except in special cases (see below and page 7). You will have to pay this extra amount as long as you have Part B.

You can sign up for Part B at your local Social Security office. If you get benefits from the Railroad Retirement Board (RRB), you can sign up at your local RRB office. Your Part B coverage will start on July 1 of the year you sign up.

2. Special Enrollment Period

If you didn't enroll in Part B when you were first eligible because you or your spouse were working and had group health plan coverage through your or your spouse's employer or union, you can sign up for Part B during a Special Enrollment Period.

Section 2: The Medicare Program

2. Special Enrollment Period (continued)

You can sign up:

- Any time you are still covered by an employer or union group health plan, through your or your spouse's current or active employment, or
- During the eight months following the month when the employer or union group health plan coverage ends, **OR** when the employment ends (whichever is first).

If you are disabled and working (or you have coverage from a working family member), the Special Enrollment Period rules also apply.

Most people who sign up for Part B during a Special Enrollment Period do not pay higher premiums. However, if you do not sign up during the Special Enrollment Period, you can only sign up during the General Enrollment Period, and the cost of Part B may go up.

Note: If you are still working and plan to keep your employer's group health coverage, you should talk to an expert to help you decide what is the best time to enroll in Part B. A Medigap policy is a health insurance policy sold by private insurance companies to fill gaps in Original Medicare Plan Coverage. When you sign up for Part B, you automatically begin your Medigap open enrollment period. During this period the insurance company cannot deny you coverage, have conditions placed on your policy (like a waiting period), or charge you more because of your health status. Once your Medigap open enrollment period begins, it cannot be changed or restarted. For more information about the Medigap open enrollment periods and Medigap policies, call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired). Ask for a FREE copy of the *Guide To Health Insurance For People With Medicare: Choosing a Medigap Policy*. You can also read or print a copy of this booklet at www.medicare.gov on the Web. Select "Publications."

For More Information:

- Call the Social Security Administration at 1-800-772-1213 (TTY: 1-800-325-0778) for more information about signing up for Medicare Parts A and B.
- If you get your benefits from the Railroad Retirement Board (RRB), call your local RRB office or 1-800-808-0772.
- Call your Medicare Carrier about Part B bills and services (see pages 18-20).

Section 2: The Medicare Program

Medicare Part B (Medical Insurance) Helps Pay For:

What YOU pay in 2001* in the Original Medicare Plan

Medical and Other Services: Doctors' services (not routine physical exams), outpatient medical and surgical services and supplies, diagnostic tests, ambulatory surgery center facility fees for approved procedures, and durable medical equipment (such as wheelchairs, hospital beds, oxygen, and walkers). Also covers second surgical opinions, outpatient physical and occupational therapy including speech-language therapy, and outpatient mental health care.

YOU pay:

- \$100 deductible (pay once per calendar year).
- 20% of Medicare-approved amount after the deductible, except in the outpatient setting.
- 20% for all outpatient physical, occupational, and speech-language therapy services.
- 50% for outpatient mental health care.

Clinical Laboratory Service: Blood tests, urinalysis, and more.

YOU pay:

- Nothing for Medicare-approved services.

Home Health Care: Part-time skilled nursing care, home health aide services, durable medical equipment when supplied by a Medicare-approved home health agency while you are getting Medicare-covered home health care, and other medical supplies and services.

YOU pay:

- Nothing for Medicare-approved services.
- 20% of Medicare-approved amount for **durable medical equipment**.

Outpatient Hospital Services: Hospital services and supplies received as an outpatient as part of a doctor's care.

YOU pay:

- A coinsurance or copayment amount which may vary according to the service.

Blood: Pints of blood you get as an outpatient, or as part of a Part B covered service.

YOU pay:

- For the first 3 pints of blood, then 20% of the Medicare-approved amount for additional pints of blood (after the deductible), unless you or someone else donates blood to replace what you use.

* New Part A and B amounts will be available by January 1, 2002.

Note: Actual amounts you must pay may be higher if the doctor or supplier does not accept **assignment**, and you may have to pay the entire charge. If you have general questions about Medicare Part B, call your **Medicare Carrier** (see pages 18-20). If you have questions about durable medical equipment, including diabetic supplies, call your **Durable Medical Equipment Regional Carrier (DMERC)**, see pages 14-15.

Section 2: The Medicare Program

Medicare Part B Covered Preventive Services	Who is covered...	What YOU pay in the Original Medicare Plan...
Bone Mass Measurements: Frequency of testing varies with your health status.	* Certain people with Medicare who are at risk for losing bone mass include women with low levels of the female hormone estrogen, people who have had broken bones in the past, or who are already being treated for osteoporosis, getting osteoporosis drug therapy, getting glucocorticoid (steriod) therapy (with certain conditions), or have primary hyperparathyroidism.	20% of the Medicare-approved amount (or a set copayment amount) after the yearly Part B deductible.
Colorectal Cancer Screening: <ul style="list-style-type: none"> • Fecal Occult Blood Test - Once every 12 months. • Flexible Sigmoidoscopy - Once every 48 months. • Colonoscopy - Once every 24 months if you are at high risk for colon cancer. Starting July 1, 2001, once every 10 years but not within 48 months of a screening sigmoidoscopy, if you are not at high risk for colon cancer. • Barium Enema - Doctor can use this instead of flexible sigmoidoscopy or colonoscopy. 	All people with Medicare age 50 and older. However, there is no minimum age for having a colonoscopy.	Nothing for the fecal occult blood test. For all other tests, 20% of the Medicare-approved amount after the yearly Part B deductible. For flexible sigmoidoscopy or colonoscopy, you pay 25% of the Medicare-approved amount if the test is done in an ambulatory surgical center or hospital outpatient department.
Diabetes Services: <ul style="list-style-type: none"> • Coverage for glucose monitors, test strips, and lancets. • Diabetes self-management training. 	All people with Medicare who have diabetes (insulin users and non-users). If requested by your doctor or other provider and you are at risk for complications from diabetes.	20% of the Medicare-approved amount after the yearly Part B deductible.
Mammogram Screening: Once every 12 months. Medicare also covers new digital technologies for mammogram screenings.	All women with Medicare age 40 and older. You can also get one baseline mammogram between ages 35 and 39.	20% of the Medicare-approved amount with no Part B deductible.

(continued on page 10)

* For more information about bone mass measurement, look on the Web at www.medicare.gov and select "Frequently Asked Questions" or call 1-800-MEDICARE.

Section 2: The Medicare Program

Medicare Part B Covered Preventive Services	Who is covered...	What YOU pay in the Original Medicare Plan...
<p>Pap Test and Pelvic Examination:</p> <p>NEW! Starting July 1, 2001, Pap test and pelvic examinations are covered once every 24 months.</p> <p>Once every 12 months if you are at high risk for cervical or vaginal cancer, or if you are of childbearing age and have had an abnormal Pap test in the past 36 months.</p>	All women with Medicare.	Nothing for the Pap lab test. For Pap test collection and pelvic and breast exams, 20% of the Medicare-approved amount (or a copayment amount) with no Part B deductible.
<p>Prostate Cancer Screening:</p> <ul style="list-style-type: none">• Digital Rectal Examination - Once every 12 months.• Prostate Specific Antigen (PSA) Test - Once every 12 months.	All men with Medicare age 50 and older.	Generally, 20% of the Medicare-approved amount for the digital rectal exam after the yearly Part B deductible. No coinsurance and no Part B deductible for the PSA Test.
<p>Shots (vaccinations):</p> <ul style="list-style-type: none">• Flu Shot - Once a year in the fall or winter.• Pneumococcal Pneumonia Shot - One shot may be all you will ever need. Ask your doctor.• Hepatitis B Shot - People with Medicare at medium to high risk for Hepatitis B.	All people with Medicare.	Nothing for flu and pneumococcal pneumonia shots if the health care provider accepts assignment. For Hepatitis B shots, 20% of the Medicare-approved amount (or a copayment amount) after the yearly Part B deductible.

Section 2: The Medicare Program

Medicare also helps pay for:

- Ambulance services (when other transportation would endanger health).
- Artificial eyes.
- Artificial limbs that are prosthetic devices, and their replacement parts.
- Braces - arm, leg, back, and neck.
- Chiropractic services (limited), for manipulation of the spine to correct a subluxation.
- Emergency care.
- Eyeglasses - one pair of standard frames after cataract surgery with an intraocular lens.
- Immunosuppressive drug therapy for transplant patients as long as you are covered by Medicare (transplant must have been paid for by Medicare).
- Kidney dialysis.
- Macular degeneration (an age-related eye disease) treatment, using ocular photodynamic therapy with verteporfin.
- Medical supplies - items such as ostomy bags, surgical dressings, splints, casts, and some diabetic supplies.
- Outpatient prescription drugs (very limited). For example, some oral cancer drugs.
- Preventive services (see pages 9-10).
- Prosthetic devices, including breast prosthesis after mastectomy.
- Services of practitioners such as clinical psychologists, social workers, physician assistants, and nurse practitioners.
- **Telemedicine** services in some rural areas.
- Therapeutic shoes for people with diabetes (in some cases).
- Transplants - heart, lung, kidney, pancreas, intestine, bone marrow, cornea, and liver (under certain conditions and when performed at approved facilities).
- X-rays, MRIs, CAT scans, EKGs, and some other diagnostic tests.

What is not paid for by Medicare Part A and Part B in the **Original Medicare Plan**?

The **Original Medicare Plan** does not cover everything. Your out-of-pocket costs for health care will include, but are not limited to:

- Acupuncture.
- Deductibles, coinsurance, or copayments when you get health care services (see the “What You Pay” part of the charts on page 4 and pages 8-10).
- Dental care and dentures (in most cases).
- Cosmetic surgery.
- Custodial care (help with bathing, dressing, using the bathroom, and eating) at home or in a nursing home.
- Health care you get while traveling outside of the United States (except in limited cases).
- Hearing aids and hearing exams.
- Orthopedic shoes.
- Outpatient prescription drugs (with only a few exceptions).
- Routine foot care (with only a few exceptions).
- Routine eye care and most eyeglasses.
- Routine or yearly physical exams.
- Screening tests except those listed on pages 9-10.
- Shots (vaccinations) except those listed on page 10.

Section 3: How To Get More Medicare Information

For More Medicare Information:

Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) to:

- Get more help with your Medicare questions.
- Order quality and other information for Medicare health plans.
- Listen to recorded questions and answers on topics such as Medicare health plan choices.
- Order Medicare publications.

Free Booklets About Medicare and Related Topics:

Health care decisions are important. Medicare tries to give you information to help you make good decisions. You can order free booklets from Medicare to learn more about the topics that are of interest to you. We are always adding new booklets with detailed information about important subjects.

How do I get these booklets?

You can:

1. Look at www.medicare.gov on the Web and select "Publications." You can read or print these booklets. This is the fastest way to get a copy. You can also order these booklets on the web.
2. Call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) and select option 4 to order a free copy of the booklet you want. Have the publication number ready when you call. You will get your copy within three weeks.
3. Put your name on the Web mailing list to get an e-mail message every time a new booklet is available. To sign up, go to www.medicare.gov and select "Subscribe to Our Mailing List" at the bottom of the page. Then, select the topic "Publications," type your e-mail address in the box at the bottom, and select "Subscribe."

What booklets are available?

- Medicare & You
- 2001 Guide to Health Insurance for People with Medicare: Choosing a Medigap Policy (HCFA Pub. No. 02110)
- New Rules for Switching Medicare Health Plans (HCFA Pub. No. 02241)
- Does Your Doctor or Supplier Accept Assignment? (HCFA Pub. No. 10134)

Section 3: How To Get More Medicare Information

Free Booklets About Medicare and Related Topics (continued):

- Health Care Coverage Directory for People with Medicare (HCFA Pub. No. 02231)
- Medicare Appeals and Grievances (Complaints) (HCFA Pub. No. 10119)
- Medicare and Clinical Trials (HCFA Pub. No. 02226)
- Medicare and Other Health Benefits: Your Guide to Who Pays First (HCFA Pub. No. 02179)
- Medicare Coverage of Kidney Dialysis and Kidney Transplant Services (HCFA Pub. No. 10128)
- Medicare Coverage of Skilled Nursing Facility Care (HCFA Pub. No. 10153)
- Medicare Home Health Care (HCFA Pub. No. 10969)
- Medicare Hospice Benefits (HCFA Pub. No. 02154)
- Medicare Preventive Services (HCFA Pub. No. 10110)
- Medicare Savings Programs (HCFA Pub. No. 10126)
- Pay it Right! Protecting Medicare from Fraud (HCFA Pub. No. 10111)
- What Kind of Doctor is a Hospitalist? (HCFA Pub. No. 02244)
- Where To Get Your Medicare Questions Answered (HCFA Pub. No. 02246)
- Women with Medicare: Visiting Your Doctor for a Pap Test, Pelvic Exam, and Clinical Breast Exam (HCFA Pub. No. 02248)
- Your Guide to Choosing a Nursing Home (HCFA Pub. No. 02174)
- Your Medicare Rights and Protections (HCFA Pub. No. 10112)

Many of these booklets are available in English, Spanish, Audiotape (English and Spanish), Braille, and Large Print (English and Spanish). Some booklets are also available in Chinese.

For a catalog of Medicare booklets, call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired) and ask for HCFA Publication No. 02240.

You may also call your State Health Insurance Assistance Program (SHIP) for help choosing a Medicare health plan or Medigap policy, or for help with an appeal. You can get the telephone number for the SHIP in your state by calling 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired), or look in your copy of *Medicare & You* handbook.

Section 4: Where To Call For Help

At the time of printing, telephone numbers were correct. Telephone numbers sometimes change. To get the most up-to-date telephone numbers, call 1-800-MEDICARE (1-800-633-4227, TTY/TDD: 1-877-486-2048 for the hearing and speech impaired), or go to the Web at www.medicare.gov and select “Helpful Contacts”.

Durable Medicare Equipment Regional Carrier (DMERC): Call about bills for durable medical equipment and a list of approved suppliers of this equipment.

If you live in:

Illinois
Indiana
Maryland
Michigan
Minnesota
Ohio
Virginia
Washington D.C.
West Virginia
Wisconsin

Your DMERC is:

AdminaStar
Federal
1(800)270-2313

TTY/TDD:
1(317)841-4677

If you live in:

Connecticut
Delaware
Maine
Massachusetts
New Hampshire
New Jersey
New York
Pennsylvania
Rhode Island
Vermont

Your DMERC is:

Your DMERC is:
Health Now of New York, Inc.,
Region A
1(800)842-2052

TTY/TDD:
1(800)842-9519

Section 4: Where To Call For Help

Durable Medicare Equipment Regional Carrier (DMERC): Call about bills for durable medical equipment and a list of approved suppliers of this equipment.

If you live in:

Alaska
American Samoa
Arizona
California
Guam
Hawaii
Idaho
Iowa
Kansas
Missouri
Montana
Nebraska
Nevada
North Dakota
Northern Mariana
Islands
Oregon
South Dakota
Utah
Washington
Wyoming

Your DMERC is:

Cigna Medicare
1(800)899-7095

TTY/TDD:
1(800)970-7494

If you live in:

Alabama
Arkansas
Colorado
Florida
Georgia
Kentucky
Louisiana
Mississippi
New Mexico
North Carolina
Oklahoma
Puerto Rico
South Carolina
Tennessee
Texas
Virgin Islands

Your DMERC is:

Palmetto
Government
Benefits
Administration
1(800)583-2236

TTY/TDD:
1(800)788-5414

Section 4: Where To Call For Help

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing facility care, and fraud and abuse.

Alabama

Blue Cross Blue Shield of Alabama (205) 988-2244

Alaska

Premiera Blue Cross Medicare (425) 670-1010

American Samoa

United Government Services (866) 264-4990

Arizona

Blue Cross Blue Shield of Arizona (877) 602-7909

Arkansas

Blue Cross Blue Shield of Arkansas (501) 378-3151

California

United Government Services (866) 804-0684

Colorado

Trailblazer Health Enterprises (800) 442-2620

Connecticut

Empire Medicare Services (800) 442-8430

Delaware

Empire Medicare Services (800) 442-8430

Florida

First Coast Service Options, Inc. (800) 333-7586
Medicare Part A - press #2

Georgia

Blue Cross Blue Shield of Georgia (800) 322-3380

Guam

United Government Services (866) 264-4990

Hawaii

United Government Services (866) 264-4990

Idaho

Medicare Northwest (866) 804-0681

Illinois

Anthem Insurance Companies (312) 938-6266

Indiana

Anthem Insurance Companies (800) 622-4792

Iowa

Cahaba Health Benefits
Administrators (877) 910-8139

Kansas

Blue Cross Blue Shield of Kansas (800) 445-7170

Kentucky

Anthem Insurance Companies (800) 999-7608

Louisiana

Trispan Health Services (601) 936-0105

Maine

Associated Hospital Services (207) 822-8484

Maryland

Care First Blue Cross Blue Shield Maryland,
Medicare Part A (410) 252-5310

Massachusetts

Associated Hospital Services (207) 822-8484

Michigan

United Government Services (866) 804-0686

Minnesota

Noridian Mutual Insurance Company (800) 330-5935

Mississippi

Trispan Health Services (601) 936-0105

Missouri

Mutual of Omaha (877) 647-6528

Montana

Blue Cross Blue Shield of Montana (406) 791-4086

Section 4: Where To Call For Help

Fiscal Intermediary: Call about Part A bills and services, hospital care, skilled nursing facility care, and fraud and abuse.

Nebraska

Blue Cross Blue Shield of Nebraska (877) 602-7775

Nevada

Mutual of Omaha (877) 647-6528

New Hampshire

Anthem Health Plans of New Hampshire - Vermont (603) 695-7204

New Jersey

Riverbend Government Benefits Administrators (866) 641-2007

New Mexico

Trailblazer Health Enterprises (800) 442-2620

New York

Empire Medicare Services (800) 442-8430

North Carolina

Blue Cross Blue Shield of North Carolina (919) 688-5528

North Dakota

Noridian Mutual Insurance Company (888) 241-1051

Northern Mariana Islands

United Government Services (866) 264-4990

Ohio

Anthem Insurance Companies (877) 602-2430

Oklahoma

Group Health Service of Oklahoma (877) 910-8153

Oregon

Medicare Northwest (866) 804-0681

Pennsylvania

Veritus Medicare Services (800) 853-1419

Puerto Rico

Cooperativa De Seguros De Vida (787) 758-9720

Rhode Island

Blue Cross Blue Shield of Rhode Island (800) 662-5170

South Carolina

Palmetto Government Benefits Administrators (800) 583-2236

South Dakota

Cahaba Health Benefits Administrators (515) 471-7200

Tennessee

Riverbend Government Benefit Administrators (423) 755-5955

Texas

Trailblazer Health Enterprises (800) 442-2620

Utah

Regence Blue Cross Blue Shield of Utah (877) 602-8817

Vermont

Anthem Health Plans of New Hampshire - Vermont (603) 695-7204

Virgin Islands

Cooperativa De Seguros De Vida (787) 758-9720

Virginia

United Government Services (877) 768-5471

Washington

Premiera Blue Cross Medicare (425) 670-1010

Washington D.C.

CareFirst Blue Cross Blue Shield (877) 647-6528

West Virginia

United Government Services (877) 768-5471

Wisconsin

United Government Services (800) 531-9695

Wyoming

Blue Cross Blue Shield of Wyoming (307) 432-2860 **17**

Section 4: Where To Call For Help

Medicare Carriers: Call about Part B bills, services, appeals, and fraud and abuse.

Alabama

Blue Cross Blue Shield of Alabama (800) 292-8855

Alaska

Noridian Mutual Insurance Company(800) 444-4606

American Samoa

Noridian Mutual Insurance Company(800) 444-4606

Arizona

Noridian Mutual Insurance Company(800) 444-4606

Arkansas

Blue Cross Blue Shield of Arkansas (800) 482-5525

California

National Heritage Insurance Company (530) 743-1583
In Southern CA, (800) 675-2266

Colorado

Noridian Mutual Insurance Company(800) 332-6681

Connecticut

First Coast Service Options (800) 982-6819

Delaware

Trailblazer Health Enterprises (800) 444-4606
(also includes N. VA (Arlington & Fairfax Co))

Florida

Blue Cross Blue Shield (800) 333-7586

Georgia

Cahaba Government Benefit
Administrators (912) 920-2412

Guam

Noridian Mutual Insurance Company (800) 444-4606

Hawaii

Noridian Mutual Insurance Company(800) 444-4606

Idaho

Cigna Medicare (800) 627-2782

Illinois

Wisconsin Physicians Service (312) 938-8000

Indiana

AdminaStar Federal (800) 622-4792

Iowa

Noridian Mutual Insurance Company (800) 532-1285

Kansas

Blue Cross Blue Shield of Kansas (785) 291-4000

Kentucky

AdminaStar Federal (800) 999-7608

Louisiana

Louisiana Medicare - Part B (800) 462-9666

Maine

National Heritage Insurance Company (800) 492-0919

Maryland

Trailblazer Health Enterprises (800) 444-4606
(also includes N. VA (Arlington & Fairfax Co))

Massachusetts

National Heritage Insurance Company (781) 741-3300

Michigan

Wisconsin Physicians Service (313) 225-8200

Minnesota

Wisconsin Physician Services (800) 352-2762

Mississippi

Cahaba Government Benefits Administrators
(601) 956-0372

Missouri

Blue Cross Blue Shield of Kansas (800) 892-5900
(Kansas City Area)

Missouri

Blue Cross Blue Shield of Arkansas (800) 392-3070
(Eastern Missouri)

Section 4: Where To Call For Help

Medicare Carriers: Call about Part B bills, services, appeals, and fraud and abuse.

Montana

Blue Cross Blue Shield of Montana (406) 444-8350

Nebraska

Blue Cross Blue Shield of Kansas (800) 633-1113

Nevada

Noridian Mutual Insurance Company (800) 444-4606

New Hampshire

National Heritage Insurance Company (800) 447-1142

New Jersey

Empire Medicare Services -
New Jersey Operations (800) 462-9306

New Mexico

Blue Cross Blue Shield of Arkansas (505) 872-2551

New York

HealthNow of Western New York (607) 766-6000
(Services Upstate NY)
Group Health Inc. (GHI Medicare) (646) 458-6791
(Queens County Only)
Empire Medicare Services (800) 442-8430
(Services Downstate NY)

North Carolina

Cigna Medicare (800) 672-3071

North Dakota

Noridian Mutual Insurance Company (800) 247-2267

Northern Mariana Islands

Noridian Mutual Insurance Company (800) 444-4606

Ohio

Nationwide Mutual Insurance Company (614) 277-0287

Oklahoma

Blue Cross Blue Shield of Arkansas (800) 522-9079

Oregon

Noridian Mutual Insurance Company (800) 444-4606

Pennsylvania

HGS Administrators (800) 382-1274

Puerto Rico

"Triple S, Inc." (787) 749-4900

Rhode Island

Blue Cross Blue Shield Of
Rhode Island (800) 662-5170

South Carolina

Palmetto Government Benefits Administrator
(800) 583-2236

South Dakota

Noridian Mutual Insurance Company (800) 437-4762

Tennessee

Cigna Medicare (800) 342-8900

Texas

Trailblazer Health Enterprises (800) 442-2620

Utah

Regence Blue Cross Blue Shield
of Utah (800) 426-3477

Vermont

National Heritage Insurance Company (800) 447-1142

Virgin Islands

"Triple S, Inc." (340) 774-7915
St. Croix (340) 772-7368

Virginia

Trailblazer Health Enterprises (800) 552-3423
(rest of state)

Washington

Noridian Mutual Insurance Company (800) 444-4606

Section 4: Where To Call For Help

Medicare Carriers: Call about Part B bills, services, appeals, and fraud and abuse.

Washington D.C.

Trailblazer Health Enterprises (800) 444-4606
(also includes N. VA (Arlington & Fairfax Co))

West Virginia

Nationwide Mutual Insurance Company (614) 277-0287

Wisconsin

Wisconsin Physicians Service (608) 221-3330

Wyoming

Noridian Mutual Insurance Company (800) 442-2371

Section 4: Where To Call For Help

Regional Home Health Intermediary (RHHI): Call about home health care, hospice care, and fraud and abuse.

If you live in:

Connecticut
Maine
Massachusetts
New Hampshire
Rhode Island
Vermont

Your Regional Home Health Intermediary is:

Associated Hospital Service of Maine
(888) 896-4997

If you live in:

Alaska
American Samoa
Arizona
California
Guam
Idaho
Nevada
Northern Mariana Islands
Oregon
Washington

Your Regional Home Health Intermediary is:

United Government Services
(877) 602-7904

If you live in:

Michigan
Minnesota
New Jersey
New York
Puerto Rico
Virgin Islands
Wisconsin

Your Regional Home Health Intermediary is:

United Government Services
(800) 531-9695

If you live in:

Hawaii

Your Regional Home Health Intermediary is:

United Government Services
(866) 264-4990

Section 4: Where To Call For Help

Regional Home Health Intermediary (RHHI): Call about home health care, hospice care, and fraud and abuse.

If you live in:

Colorado
Delaware
Iowa
Kansas
Maryland
Missouri
Montana
Nebraska
North Dakota
Pennsylvania
South Dakota
Utah
Virginia
Washington D.C.
West Virginia
Wyoming

Your Regional Home Health Intermediary is:

Cahaba Health Benefits Administration
(877) 910-8139

If you live in:

Alabama
Arkansas
Florida
Georgia
Illinois
Indiana
Kentucky
Louisiana
Mississippi
New Mexico
North Carolina
Ohio
Oklahoma
South Carolina
Tennessee
Texas

Your Regional Home Health Intermediary is:

Palmetto Government Benefits Administration
(800) 583-2236

Section 5: Definitions Of Important Words

Assignment - In the Original Medicare Plan, this means a doctor agrees to accept Medicare's fee as full payment. If you are in the Original Medicare Plan, it can save you money if your doctor accepts assignment. You still pay your share of the cost of the doctor visit.

Benefit Period - The way that Medicare measures your use of hospital and skilled nursing facility services. A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

Coinsurance - The percent of the Medicare-approved amount that you have to pay after you pay the deductible for Part A and/or Part B. In the Original Medicare Plan, the coinsurance payment is a percentage of the cost of the service (like 20%).

Copayment - In some Medicare health plans, the amount you pay for each medical service, like a doctor visit. A copayment is usually a set amount you pay for a service. For example, this could be \$5.00 or \$10.00 for a doctor visit. Copayments are also used for some hospital outpatient services in the Original Medicare Plan.

Critical Access Hospitals - These are small facilities that give limited outpatient and inpatient services to people in rural areas.

Deductible - The amount you must pay for health care before Medicare begins to pay, either each benefit period for Part A, or each year for Part B. These amounts can change every year.

Durable Medical Equipment (DME) - Medical equipment that is ordered by a doctor for use in the home. These items must be reusable, such as walkers, wheelchairs, or hospital beds. DME is paid for under Medicare Part B, and you pay 20% coinsurance in the Original Medicare Plan.

Durable Medical Equipment Regional Carrier (DMERC) - A private company that contracts with Medicare to pay bills for durable medical equipment. Their telephone numbers are on pages 14-15.

Fiscal Intermediary - A private company that has a contract with Medicare to pay Part A and some part B bills. (Also called "Intermediary.") Their telephone numbers are on pages 16-17.

Hospice - Is a special way of caring for people who are terminally ill, and for their family. This care includes physical care and counseling. Hospice care is covered under Medicare Part A (hospital insurance).

Lifetime Reserve Days - Sixty days that Medicare will pay for when you are in a hospital for more than 90 days. These 60 reserve days can be used only once during your lifetime. For each lifetime reserve day, Medicare pays all covered costs except for a daily coinsurance amount (\$396 in 2001).

Section 5: Definitions Of Important Words

Medically Necessary - Services or supplies that:

- are proper and needed for the diagnosis, or treatment of your medical condition;
- are used for the diagnosis, direct care, and treatment of your medical condition;
- meet the standards of good medical practice in the local community; and
- are not mainly for the convenience of you or your doctor.

Medicare Carrier - A private company that contracts with Medicare to pay Part B bills. Their telephone numbers are on pages 18-20.

Medicare Managed Care Plans - These are health care choices in some areas of the country. In most plans, you can only go to doctors, specialists, or hospitals on the plan's list. Plans must cover all Medicare Part A and Part B health care. Some plans cover extras, like prescription drugs. Your costs may be lower than in the Original Medicare Plan.

Original Medicare Plan - A pay-per-visit health plan that lets you go to any doctor, hospital, or other health care provider who accepts Medicare. You must pay the deductible. Medicare pays its share of the Medicare-approved amount, and you pay your share (coinsurance). The Original Medicare Plan has two parts: Part A (Hospital Insurance) and Part B (Medical Insurance).

Premium - What you pay monthly for health care coverage to Medicare, an insurance company, or a health care plan.

Private Fee-for-Service Plan - A private insurance plan that accepts Medicare beneficiaries. You may go to any doctor or hospital you want. The insurance plan, rather than the Medicare program,

decides how much you pay for the services you get. You may pay more for Medicare-covered benefits. You may have extra benefits the Original Medicare Plan does not cover.

Regional Home Health Intermediaries - A private company that contracts with Medicare to pay home health bills and check on the quality of home health care. Their telephone numbers are on pages 21-22.

Skilled Nursing Facility Care* - A level of care that must be given or supervised by licensed nurses. All of your needs are taken care of with this type of service. Examples of skilled nursing care are: getting intravenous injections, tube feeding, oxygen to help you breathe, and changing sterile dressings on a wound. Any service that could be safely performed by an average nonmedical person (or one's self) without the supervision of a licensed nurse is not covered.

Skilled Nursing Facility - A facility that provides skilled nursing or rehabilitation services to help you recover after a hospital stay.

Telemedicine - Involves the use of medical information exchanged from one site to another using electronic communications for the health and education of patients or providers and to improve patient care.

*This definition, whole or in part, was used with permission from Walter Feldesman, Esq., Dictionary of Eldercare Terminology, Copyright 2000

Section 6: Index

- 1-800-MEDICARE 2, 12
- Acupuncture 11
- Ambulance Services 11
- Ambulatory Surgery Center
 - Facility 8
- Approved Amount 4, 8, 10
- Artificial Eyes 11
- Artificial Limbs 11
- Assignment 8, 23
- Barium Enema 9
- Benefit Period 4, 23
- Blood 4, 8
- Blood Tests 8
- Bone Mass Measurements 9
- Braces 11
- Breast Prosthesis 11
- Casts 11
- Chiropractic Services 11
- Civil Service Retirement 5
- Clinical Breast Exam 10
- Clinical Laboratory Services 8
- Clinical Psychologists 11
- Coinurance 8, 10, 11, 23
- Colonoscopy 9
- Colorectal Cancer Screening 9
- Copayment 4, 9, 11, 23
- Cosmetic Surgery 11
- Custodial Care 11
- Deductibles 8-11, 23
- Dental Care 11
- Dentures 11
- Diabetes Monitoring (supplies) 9, 11
- Diagnostic (screening) Tests 8, 11
- Digital Rectal Examination 10
- Doctors 1-2, 5, 8
- Durable Medical Equipment 4, 8, 23
- Durable Medical Equipment Regional Carrier (DMERC) 8, 14-15, 23
- Emergency Care 11
- End-Stage Renal Disease 11
- Eye Care 11
- Eyeglasses 11
- Fecal Occult Blood Test 9
- Fiscal Intermediary 3-4, 16-17, 23
- Flexible Sigmoidoscopy 9
- Flu Shot 10
- Foot Care 11
- Fraud and Abuse 16-22
- Glucose Monitor 9
- Hearing Aids 11
- Hepatitis B Shot 10
- Home Health Care 3-8, 18-19
- Hospice 3-4, 18, 22
- Hospitals 1-4, 9, 14-15
- Hospital Bed 4, 8
- Immunosuppressive Drug
 - Therapy 11
- Internet 2, 12
- Kidney Dialysis 11
- Kidney Transplants 11
- Lancets 9
- Lifetime Reserve Days 4, 22
- Mammogram Screening 9
- Mastectomy 11
- Medical Supplies 4, 8, 11
- Medically Necessary 5, 24
- Medicare Carrier 7-8, 18-20, 24
- Medicare Managed Care Plans 1, 24
- Medicare Private Fee-for-Service
 - Plans 1, 2, 24
- Mental Health Coverage 4, 8
- Nurse Practitioners 11
- Occupational Therapy 4-5, 8
- Oral Cancer Drugs 11
- Original Medicare Plan 1, 11, 24
- Orthopedic Shoes 11

Section 6: Index

Ostomy Bags	11	Urinalysis	8
Outpatient Hospital Care	8	Vaccinations	10, 11
Outpatient Hospital Services	8	Walkers	4, 8
Oxygen	4, 8	Wheelchairs	4, 8
Pap Smear	10	www.medicare.gov	2, 13
Part A (Hospital Insurance)	1-4, 14-15	X-Rays	11
Part B (Medical Insurance)	1-2, 5-8, 16-17		
Pelvic Examination	10		
Physical Exams	8, 11		
Physical Therapy	4-5, 8		
Pneumonia Shot	10		
Premium	1, 3, 5, 11, 24		
Prescription Drugs	1, 4, 11		
Preventive Services	9-11		
Prostate Cancer Screening	10		
Prostate Specific Antigen Test	10		
Prosthetic Devices	11		
Railroad Retirement Board	3, 5		
Regional Home Health Intermediary	4, 8, 21-22, 24		
Respite Care	4		
Second Surgical Opinions	8		
Shots (Vaccinations)	2, 10-11		
Skilled Nursing Facilities (Care)	3, 4, 14-15, 24		
Social Security Administration	3, 5		
Social Workers	11		
Specialist	1		
Speech-Language Therapy	4, 8		
Splints	11		
State Health Insurance Assistance Program	13		
Surgical Dressings	11		
Test Strips (Diabetes)	9		
Telemedicine	11, 24		
Transplants	11		

NOTES

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